

Appendix 3-OB. Wisconsin Medicaid Program:

Number and Percent of Providers Performing Obstetric Services by Region, July 1, 1995 - June 30, 1996

| REGION NUMBER AND NAME | Primary Care Providers * Serving General Public | Primary Care Providers * Serving Medicaid Recipients | Percent Serving Medicaid Recipients |
|---------------------------|--|---|--|
| 1. MILWAUKEE | 222 | 199 | 89.6 |
| 2. MENOMINEE | 6 | 6 | 100.0 |
| 3. SOUTH EAST | 191 | 186 | 97.4 |
| 4. EAST CENTRAL | 120 | 119 | 99.2 |
| 5. SOUTH CENTRAL | 232 | 230 | 99.1 |
| 6. SOUTH WEST | 63 | 63 | 100.0 |
| 7. NORTH CENTRAL | 88 | 88 | 100.0 |
| 8. NORTH EAST | 17 | 17 | 100.0 |
| 9. NORTH WEST | 101 | 101 | 100.0 |
| 10. WEST CENTRAL | 46 | 46 | 100.0 |
| 11. CENTRAL | 22 | 22 | 100.0 |
| 12. FAR NORTH WEST | 44 | 43 | 97.7 |
| STATE TOTAL | 1,152 | 1,120 | 97.2 |

* Primary Care Providers include Family Practice, General Practice, OB/GYN and Pediatrics.

Data are not available for Nurse Practitioners and Nurse Midwives.

MAY 27 1997

Appendix 3-PED. Wisconsin Medicaid Program:

Number and Percent of Providers Performing Pediatric Services by Region, July 1, 1995 - June 30, 1996

| REGION NUMBER AND NAME | Primary Care Providers * Serving General Public | Primary Care Providers * Serving Medicaid Recipients | Percent Serving Medicaid Recipients |
|---------------------------|--|---|--|
| 1. MILWAUKEE | 489 | 447 | 91.4 |
| 2. MENOMINEE | 6 | 6 | 100.0 |
| 3. SOUTH EAST | 380 | 361 | 95.0 |
| 4. EAST CENTRAL | 242 | 237 | 97.9 |
| 5. SOUTH CENTRAL | 473 | 468 | 98.9 |
| 6. SOUTH WEST | 115 | 112 | 97.4 |
| 7. NORTH CENTRAL | 171 | 170 | 99.4 |
| 8. NORTH EAST | 53 | 52 | 98.1 |
| 9. NORTH WEST | 127 | 127 | 100.0 |
| 10. WEST CENTRAL | 94 | 91 | 96.8 |
| 11. CENTRAL | 33 | 33 | 100.0 |
| 12. FAR NORTH WEST | 64 | 61 | 95.3 |
| STATE TOTAL | 2,247 | 2,165 | 96.4 |

* Primary Care Providers include Family Practice, General Practice, OB/GYN and Pediatrics.

Data are not available for Nurse Practitioners and Nurse Midwives.

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Appendix 4-OB. Wisconsin Medical Assistance Program:

Maximum Fees and Average Payments for Obstetric Services for Selected Provider Categories, July 1, 1995 - June 30, 1996.

| PROCEDURE CODE AND DESCRIPTION | MAX FEE FOR PRIMARY PROVIDER 7/1/97 | AVERAGE PAYMENT FOR OBSTETRIC SERVICES | | | | | |
|--|--|--|---------------|----------|------------------|---------------|------------|
| | | Non-HPSA | | | HPSA (HP, HK) ** | | |
| | | NURSE | | NURSE | NURSE | | NURSE |
| | | PHYSICIANS | PRACTITIONERS | MIDWIVES | PHYSICIANS | PRACTITIONERS | MIDWIVES |
| Delivery, Antepartum and Postpartum Care | | | | | | | |
| 59400 Routine obstetric care (all-inclusive) | \$963.23 | \$960.92 | \$963.23 | \$849.90 | \$1,408.33 | \$1,444.52 | \$1,274.85 |
| 59409 Vaginal delivery only | 570.43 | 566.27 | -- | 513.39 | 824.58 | -- | -- |
| 59410 including postpartum care | 614.60 | 611.53 | 614.60 | 542.30 | 903.83 | 904.00 | 813.45 |
| 59412 External cephalic version, with or w/o tocolysis | 135.41 | 134.54 | -- | -- | 185.10 | -- | -- |
| 59414 Delivery of placenta | 358.80 | 280.67 | -- | -- | 329.00 | -- | -- |
| 59425 Antepartum care only; 4-6 visits | 197.01 | 176.17 | 191.25 | 67.89 | 268.94 | 286.88 | 265.97 |
| 59426 7 or more visits | | 277.11 | 145.32 | 47.94 | 457.98 | 447.64 | 419.21 |
| 59430 Postpartum care only (separate procedure) | 44.19 | 39.21 | 44.19 | 39.76 | 54.52 | 51.07 | -- |
| Cesarean Delivery | | | | | | | |
| 59510 Routine obstetrical care (all-inclusive) | 1,262.40 | 1,136.88 | -- | -- | 1,772.31 | -- | -- |
| 59514 Cesarean delivery only | 753.25 | 313.61 | -- | -- | 748.91 | -- | -- |
| 59515 including postpartum care | 753.25 | 523.54 | -- | -- | 931.39 | -- | -- |
| 59525 Subtotal or total hysterectomy after cesarean delivery | 852.94 | 451.22 | -- | -- | -- | -- | -- |

** HP = HPSA bonus for adults

HK = HPSA bonus for children 18 years or younger

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**Appendix 4-PED. Wisconsin Medical Assistance Program:
Maximum Fees and Average Payments for Pediatric Services for Selected Provider Categories, July 1, 1995 - June 30, 1996**

| PROCEDURE CODE AND DESCRIPTION | MAX FEE FOR PED MODIFIER 7/1/97 | AVERAGE PAYMENT FOR PEDIATRIC SERVICES | | | |
|--|---------------------------------------|--|---------------|------------|---------------|
| | | Non-HPSA | | HPSA (HK*) | |
| | | NURSE | | NURSE | |
| | | PHYSICIANS | PRACTITIONERS | PHYSICIANS | PRACTITIONERS |
| EVALUATION AND MANAGEMENT | | | | | |
| Office or Other Outpatient Services | | | | | |
| New Patient | | | | | |
| 99201 Physicians typically spend 10 minutes, minor problem | \$25.80 | \$22.33 | \$20.82 | \$30.73 | \$30.93 |
| 99202 Physicians typically spend 20 minutes, low to moderate severity | 29.85 | 26.53 | 23.70 | 35.70 | 34.70 |
| 99203 Physicians typically spend 30 minutes, moderate severity | 36.86 | 30.41 | 25.61 | 44.10 | 44.20 |
| 99204 Physicians typically spend 45 minutes, moderate to high severity | 51.82 | 41.09 | 35.45 | 72.59 | -- |
| 99205 Physicians typically spend 60 minutes, moderate to high severity | 56.29 | 49.67 | 33.33 | 67.31 | -- |
| Established Patient | | | | | |
| 99211 Typically 5 minutes are spent supervising or performing these services | 11.60 | 11.00 | 10.76 | 13.79 | 13.83 |
| 99212 Physicians typically spend 10 minutes, minor problem | 21.11 | 20.51 | 20.18 | 25.10 | 25.18 |
| 99213 Physicians typically spend 15 minutes, low to moderate severity | 28.90 | 28.06 | 29.99 | 41.94 | 39.81 |
| 99214 Physicians typically spend 25 minutes, moderate to high severity | 44.26 | 41.06 | 38.94 | 52.56 | 52.06 |
| 99215 Physicians typically spend 40 minutes, moderate to high severity | 57.86 | 57.94 | 41.04 | 71.33 | -- |
| Preventive Medicine Services** | | | | | |
| New Patient | | | | | |
| 99381 Initial eval. and mgmt., Infant (age under 1 year) | 27.81 | 40.54 | 49.50 | 33.30 | 33.37 |
| 99382 Initial eval. and mgmt., Early childhood (age 1 through 4 years) | 29.87 | 44.69 | 51.60 | 35.55 | 35.84 |
| 99383 Initial eval. and mgmt., Late childhood (age 5 through 11 years) | 31.97 | 45.37 | 51.73 | 38.36 | 38.36 |
| 99384 Initial eval. and mgmt., Adolescent (age 12 through 17 years) | 35.89 | 45.31 | 50.40 | 42.68 | 43.07 |
| Established Patient | | | | | |
| 99391 Periodic reeval. and mgmt., Infant (age under 1 year) | 22.87 | 39.59 | 34.51 | 27.27 | 26.89 |
| 99392 Periodic reeval. and mgmt., Early childhood (age 1 through 4 years) | 24.84 | 42.42 | 34.94 | 28.67 | 28.53 |
| 99393 Periodic reeval. and mgmt., Late childhood (age 5 through 11 years) | 26.16 | 44.10 | 38.58 | 31.24 | 31.20 |
| 99394 Periodic reeval. and mgmt., Adolescent (age 12 through 17 years) | 27.76 | 43.85 | 35.84 | 33.10 | 31.79 |

* HK = HPSA bonus for children 18 years or younger

** Preventive Medicine Codes include HealthCheck screens which are reimbursed at a level greater than the maximum allowable fee for the procedure code.

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| PROCEDURE CODE AND DESCRIPTION | MAX FEE FOR PED MODIFIER 7/1/97 | AVERAGE PAYMENT FOR PEDIATRIC SERVICES | | | |
|---|---------------------------------------|--|---------------|------------|---------------|
| | | Non-HPSA | | HPSA (HK*) | |
| | | NURSE | | NURSE | |
| | | PHYSICIANS | PRACTITIONERS | PHYSICIANS | PRACTITIONERS |
| MEDICINE | | | | | |
| Immunization Injections*** | | | | | |
| 90701 Diphtheria, tetanus toxoids and pertussis (DTP) vaccine | 3.06 | 3.05 | 3.06 | 3.61 | 3.67 |
| 90707 Measles, mumps and rubella virus vaccine | 3.06 | 3.05 | 3.04 | 3.60 | 3.56 |
| 90712 Poliovirus vaccine, live, oral | 3.06 | 3.04 | 3.05 | 3.61 | 3.59 |
| 90737 Hemophilus influenza B | 3.06 | 3.05 | 3.06 | 3.59 | 3.67 |
| 90744 Hepatitis B vaccine, newborn to 11 years | 3.00 | -- | -- | -- | -- |
| 90745 Hepatitis B vaccine, 11 - 19 years | 3.00 | -- | -- | -- | -- |

* HK = HPSA bonus for children 18 years or younger

*** Administration fee only

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Attachment 4.19B
Obstetric and Pediatric Plan
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**Maximum Allowable Fee for Selected Procedures
Effective for July 1, 1997**

| Procedure Code | Description | Primary Care Maximum Allowable Fee |
|---|---|------------------------------------|
| MATERNITY, GYNECOLOGICAL AND ABORTION SERVICES | | |
| Antepartum Services | | |
| 59000 | Amniocentesis, any method | \$50.55 |
| 59012 | Cordocentesis (intrauterine), any method | 546.63 |
| 59015 | Chorionic villus sampling, any method | 200.99 |
| 59020 | Fetal contraction stress test | 61.00 |
| 59025 | Fetal non-stress test | 51.14 |
| 59030 | Fetal scalp blood sampling | 82.01 |
| 59050 | Fetal monitoring during labor by consulting physician, with written report (separate procedure); supervision and interpretation | 76.58 |
| 59051 | Fetal monitoring during labor by consulting physician, with written report (separate procedure); interpretation only | 53.75 |
| Excision | | |
| 59100 | Hysterotomy, abdominal (e.g., for hydatidiform mole, abortion) | 614.04 |
| 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach | 618.91 |
| 59121 | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy | 618.91 |
| 59130 | Surgical treatment of ectopic pregnancy; abdominal pregnancy | 694.71 |
| 59135 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy | 833.66 |
| 59136 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus | 694.41 |
| 59140 | Surgical treatment of ectopic pregnancy; cervical, with evacuation | manual pricing |
| 59150 | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy | 551.98 |

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| | | |
|---------------------|--|----------------|
| 59151 | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy | \$551.98 |
| 59160 | Laparoscopic treatment of ectopic pregnancy; curettage, postpartum (separate procedure) | 208.42 |
| Introduction | | |
| 59200 | Insertion of cervical dilator | 79.49 |
| Repair | | |
| 59300 | Episiotomy or vaginal repair, by other than attending physician | 219.33 |
| 59320 | Cerclage of cervix, during pregnancy, vaginal | 276.00 |
| 59325 | Cerclage of cervix, during pregnancy, abdominal | manual pricing |
| 59350 | Hysterorrhaphy of ruptured uterus | 555.76 |
| Abortion | | |
| 59812 | Treatment of incomplete abortion, any trimester, completed surgically | 308.54 |
| 59820 | Treatment of missed abortion, completed surgically, first trimester | 299.78 |
| 59821 | Treatment of missed abortion, completed surgically, second trimester | 393.26 |
| 59830 | Treatment of septic abortion, completed surgically | 390.14 |
| 59840 | Induced abortion, by dilation and curettage | 321.26 |
| 59841 | Induced abortion, by one or more intra-amniotic injections | 321.26 |
| 59851 | Induced abortion, by one or more intra-amniotic injections, with dilation and curettage and/or evacuation | 321.26 |
| 59852 | Induced abortion, by one or more intra-amniotic injections, with hysterotomy (failed intra-amniotic injection) | 321.26 |
| 59855 | Induced abortion, by one or more vaginal suppositories (e.g., prostaglandin) with or without cervical dilation (e.g., laminaria) | 311.87 |
| 59856 | Induced abortion, by one or more vaginal suppositories, with dilation and curettage and/or evacuation | 502.33 |
| 59857 | Induced abortion, by one or more vaginal suppositories, with hysterotomy (failed medical evacuation) | 610.89 |
| 59870 | Uterine evacuation and curettage for hydatidiform mole | 331.19 |
| 58999 | Unlisted procedure, maternity care and delivery | manual pricing |

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| PEDIATRIC PRACTITIONER SERVICES | | |
|--|---|----------------|
| Office Visits - Consultations (New or Established Patient) | | |
| 99241 | 15 Minutes | \$43.86 |
| 99242 | 30 Minutes | 53.59 |
| 99243 | 40 Minutes | 73.11 |
| 99244 | 60 Minutes | 91.37 |
| 99245 | 80 Minutes | 92.29 |
| Office Visits - Confirmatory Consultations (New or Established Patient) | | |
| 99271 | Problem self-limited or minor | 26.16 |
| 99272 | Problem of low severity | 32.00 |
| 99273 | Problem of moderate severity | 43.65 |
| 99274 | Problem of moderate to high severity | 47.95 |
| 99275 | Problem of moderate to high severity | 54.55 |
| Home Services - New Patient | | |
| 99341 | Problem of low severity | 21.74 |
| 99342 | Problem of moderate severity | 31.08 |
| 99343 | Problem of high severity | 43.50 |
| Home Services - Established Patient | | |
| 99351 | Patient is stable, recovering or improving | 18.64 |
| 99352 | Patient is responding inadequately to therapy or has minor complication | 24.86 |
| 99353 | Patient is unstable or has significant complication or significant new problem. | 36.54 |
| Prolonged Services with Direct Face to Face Patient Contact | | |
| 99354 | Prolonged physician service in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour | manual pricing |
| 99355 | Prolonged physician service in the office or other outpatient setting requiring direct patient contact beyond the usual service, each additional 30 minutes | manual pricing |

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| Prolonged Services without Direct Face to Face Patient Contact | | |
|---|--|----------------|
| 99358 | Prolonged evaluation and managed service before and/or after direct patient care; first hour | not covered |
| 99359 | Prolonged evaluation and managed service before and/or after direct patient care, each additional 30 minutes | not covered |
| Counseling and/or Risk Factor Reduction Intervention | | |
| 99401 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 15 minutes | not covered |
| 99402 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 30 minutes | not covered |
| 99403 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 45 minutes | not covered |
| 99404 | Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approximately 60 minutes | not covered |
| 99411 | Group Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting, approximately 30 minutes | not covered |
| 99412 | Group Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting, approximately 60 minutes | not covered |
| 99420 | Interpretation of health risk assessment instrument (e.g., health hazard appraisal) | not covered |
| 99429 | Unlisted preventive medicine service | manual pricing |
| 99432 | Newborn Care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s) | \$71.41 |
| Immunizations | | |
| 90700 | DtaP vaccine | 3.06 |
| 90702 | DTP vaccine | 3.06 |
| 90703 | Tetanus toxoid vaccine | 4.09 |
| 90704 | Mumps virus vaccine, live | 21.70 |
| 90705 | Measles virus vaccine, live | 18.60 |
| 90706 | Rubella virus vaccine, live | 19.76 |
| 90708 | Measles and rubella virus vaccine, live | 25.55 |
| 90709 | Rubella and mumps virus, live | 28.37 |

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State of Wisconsin

Department of Health and Social Services

DIVISION OF HEALTH

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**OUTPATIENT HOSPITAL STATE PLAN
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ATTACHMENT 4.19B**

**Methods and Standards For Determining Payment Rates
With Amendments Effective July 1, 1996**

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